



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL LETTER NO. 728

**To:** All Iowa Medicaid Physician, Dentist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community MH, Family Planning, Residential Care Facility, ICF MR State, Community Based ICF/MR Providers

**From:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**Date:** July 9, 2008

**Subject:** Iowa Medicaid Pharmacy Program Changes

**Effective Date:** July 28, 2008

### 1. Changes to the Preferred Drug List (PDL)<sup>1</sup>

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Non- Recommended</u>
Alendronate	Cefuroxime Suspension	Ketorolac Inj. <sup>2</sup>
Clindamycin Phosphate Swab <sup>2</sup>	Ciloxan® Ophth. Ointment	Kuvan™
Ketoconazole Shampoo	Ciloxan® Ophth. Solution	Lamisil® Granules <sup>2</sup>
ProAir® HFA	Cipro® IV	Lamotrigine Chewable
Proventil® HFA	Cleocin-T® Pads <sup>2</sup>	Omnaris™
Simcor™	Desoximetasone 0.25% Cream	Oxycodone CR/ER <sup>2</sup>
Ventolin® HFA	Evamist™	Tekturna® HCT
	Fenofibrate	Treximet™ <sup>2</sup>
	Fosamax®	Veregen™
	Granisol™	Xopenex® HFA <sup>3</sup>

### 2. Drug Prior Authorization

#### a. Changes to Existing Prior Authorization Criteria

- **Biologicals for Arthritis (Orencia®):** Prior Authorization requests for Orencia® will be considered for members 6 years of age and older for the diagnosis of juvenile idiopathic arthritis when clinical PA criteria are met and there has been a preferred drug trial.
- **Nonsteroidal Anti-inflammatories:** Authorization for use of non-preferred NSAIDs still require two trials and therapy failures with two preferred NSAIDs. Requests for a non-preferred COX-2 inhibitor must document previous trials and therapy failures with two COX-2 preferentially selective nonsteroidal anti-inflammatory drugs.
- **OxyContin®/Oxycodone CR/ER:** OxyContin® /Oxycodone CR/ER is now non-preferred except for members being treated for cancer related pain. For all other diagnoses, a previous trial with a preferred long-acting narcotic will be required prior to consideration.

<sup>1</sup> Duac® and Nizoral® Shampoo have been removed from the PDL due to discontinuation by the respective manufacturers; Tysabri® has been removed from the PDL as it is not utilized through the outpatient pharmacy program.

<sup>2</sup> Clinical PA Criteria Apply

<sup>3</sup> Will remain preferred through 7-18-08

b. **New Prior Authorization Criteria** – See prior authorization criteria posted at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Prior Authorization Criteria tab.

- **Extended Release Formulations:** Payment for the extended release formulation will be considered only for cases in which there is documentation of a previous trial and therapy failure with the immediate release product of the same chemical entity, unless evidence is provided that use of the immediate release product would be medically contraindicated. Prior authorization is required for the following extended release formulation(s): **Seroquel® XR**.
- **Pregabalin (Lyrica®):** Prior authorization is required for pregabalin (Lyrica®). Payment will be considered under the following conditions: 1) a diagnosis of partial onset seizures, as adjunct therapy, 2) a diagnosis of post-herpetic neuralgia and previous treatment failure with at least two of the following agents: tricyclic antidepressant, topical lidocaine, or gabapentin, 3) a diagnosis of diabetic peripheral neuropathy and previous treatment failure with at least two of the following agents: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin, 4) a diagnosis of fibromyalgia and a previous treatment failure with a preferred agent at adequate doses to treat fibromyalgia.

3. **Quantity Limit Override Form:** When quantity limits are exceeded the pharmacist will receive a denial message of “76 PLAN LIMITATIONS EXCEEDED - Maximum Dose Exceeded”. Requests for a Quantity Limit Override should be faxed on the Quantity Limit Override form, by the prescriber, to 1-800-574-2515 with the medical necessity documentation on the form. The override form can be found at our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, “PA Forms” and “Quantity Limits”.
4. **ProDUR Quantity Limits:** The following dose consolidation edits will be implemented. A comprehensive list of all quantity limit edits appears on our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, “Quantity Limits”. It is recommended that the list below be reviewed and medications prescribed outside of these dose consolidation edits be adjusted prior to the implementation.

Drug Product	Quantity	Days Supply	
Abilify 2mg	30	30	
Abilify 10mg	30	30	
Abilify 15mg	30	30	
Abilify 20mg	30	30	
Abilify 30mg	30	30	
Risperdal 0.25mg	120	30	
Risperdal 0.5mg	120	30	
Risperdal 0.5mg M-TAB	120	30	
Risperdal 1mg	120	30	
Risperdal 1mg M-TAB	120	30	
Risperdal 2mg	90	30	
Risperdal 2mg M-TAB	90	30	
Risperdal 3mg	60	30	
Risperdal 3mg M-TAB	60	30	
Risperdal 4mg	60	30	
Risperdal 4mg M-TAB	60	30	

Drug Product	Quantity	Days Supply
Concerta SA 18mg	60	30
Concerta SA 27mg	60	30
Concerta SA 36mg	60	30
Concerta SA 54mg	60	30
Focalin XR 5mg	60	30
Focalin XR 10mg	60	30
Focalin XR 15mg	90	30
Focalin XR 20mg	90	30
Metadate CD 10mg	60	30
Metadate CD 20mg	90	30
Metadate CD 30mg	60	30
Metadate CD 40mg	60	30
Metadate CD 50mg	60	30
Metadate CD 60mg	60	30
Effexor XR 150mg	90	30
Lexapro 20mg	60	30

**5. Change to Age Edit for Vyvanse™**

The ProDUR age edit in place for Vyvanse™ has been removed following approval by the FDA for use in adults. A clinical prior authorization is still required for members over 21 years of age.

**6. Proper Billing of Diastat™ Gel**

Each kit of Diastat™ Gel contains two syringes. The quantity billed to Iowa Medicaid for Diastat™ Gel should be for the total number of kits dispensed.

**7. Dispensing Fee Increase**

The Iowa Legislature has increased the dispensing fee from \$4.52 to \$4.57. The increase will go into effect **July 1, 2008**.

We would encourage providers to go to the website at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior authorization Hotline at 877-776-1567 or 515-725-1106 (local in Des Moines) or e-mail [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com).